	TE / OFFICEHOLDER N FINANCE REPORT	7370	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST	M	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #: CITY:	STATE. ZIP CODE	Date Hand-delifier actor Date agramated
Change of Address	1811 Springale Pd	St. 170	I 25
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE-NUMBER (512) 854-7510	EXTENSION (751)	Receipt # C Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Stella	M	Date Imaged 5
	NICKNAME LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #:	CITY; STATE;	ZIP COOE 79 77 73
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	7 Tx 78723
PHONE	(512) gay-7507		
9 REPORTTYPE	January 15 30th day before election	Runoff [15th day after campaign treasurer appointment (officeholder only)
	July 15 Bith day before election	Exceeded \$500 limit [Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day /	/ 1 <u>0</u>
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		
12 OFFICE	Primary	- <u> </u>	General Special
	Constable Ret	13 OFFICE SOUGHT (if known)	e Pc+ #1
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION	RES MADE BY OTHERS WITHOUT THE C N ONLY IF THEY RECEIVE NOTIFICATION	CANDIDATE'S PRIOR CONSENT OR APPROVAL. N OF THE DIRECT CAMPAIGN EXPENDITURE.
BY OTHER INDIVIDUALS	Name		
Ī	Address / PO Box. Apt. / Suite # City: State: Zip Code		
additional pages			,
	GO TO PAG	 jE 2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& TOTAL	_S	COVER SHEET PG 2
15 C/OH NAME	anny L	Thomas	6 ACCOUNT # (Ethics Commission Filers
17 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NO CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE EHOLDER. THESE EXPENDITURES MAY MAVE BEEN MADE WITHOUT THE CAND ITES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OSSICENCE DEC'S MUSICAL COOK OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS (THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	EED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ \$
OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH BY OF THE REPORTING PERIOD	S \$
19 AFFIDAVIT	· · · · · · · · · · · · · · · · · · ·		
		I swear, or affirm, under penalty of p is true and porrect and includes all in one under Title 15, Election Code.	Officeration required to be reported by
AFFIX NOTARY STAME	P/SEALABOVE	aginiture of Candid	date or Officeholder
Sworn to and subs			MAS, this the
Signature of officer admin	istering oath	Printed name of officer administering path	Fice Marragen

Texas Ethics C	- Tablin, I	exas 78711-2070	(512) 463	-5800 1-800-325-8506
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	vs		SCHEDULE A
The	Instruction Gulde explains how to complete this	form.	1 Total pages Sci	nedule A:
2 FILER NAME	1 Timms		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Douts fetate as cutter		(10000)	50111459
7 52.5)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
61.3	Shirtey J Peoples 6 Contributor address; City: State; Zip Code P.O. Box 204422 AUSHIN, The 78720		ี	I
115/109	P.O. Box 204422			
110101			(if travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See)		of Texas, complete Schedule T)
		Employer (See I	Instructions)	
Date	Full name of contributor Dut-of-state PAC ifD#:		Amount of	In-kind contribution
	Contributor address: City; State; Zip Code		contribution (\$)	description (if applicable)
Principat occup	ation / Job title (See Instructions)	Employer (See I		
Date		· · · · · · · · · · · · · · · · · · ·		
Usto	Full name of contributor oul-of-state PAC (D# Contributor address; Clty; State; Zip Code) 	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See l		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State: Zip Code		İ	
Principal occupa	ation / Job title (See Instructions)	Employer (Sop. II		f Texas, complete Schedule T)
<u> </u>		Employer (See In	ristructions)	
if co	ATTACH ADDITIONAL COPIES OF ontributor is out-of-state PAC, please see instru	THIS SCHEDULE	AS NEEDED itional reporting	requirements.

PLED	GED CONTRIBUTIONS			SCHEDULE B
TI	he Instruction Guide explains how to complete th	nis form.	1 Total pages Sch	hedule 8:
2 FILER NAM	1E		3 ACCOUNT# (E	Ethics Commission Filers)
4 TO	TAL OF UNITEMIZED PLEDGES: ⇒	D D D	⇒ ⇒	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Cod			
10 Principal occ	cupation / Job title (See Instructions)	11 Employer (See I		of Texas, complete Schedule T)
Date	Full name of pledgor		T	
Dete	Full name of pledgor aut-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See In		as teners with the series of
Date	Fufl name of pledgor □ put-of-state PAC (fDre		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	9		
Denoinal occ		<u></u>		of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·]	
			(If travel outside /	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See)r		in rover, complete schedule ()
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	i !	
			(if travel outside c	of Texas, complete Schedule 7)
Principal occu	upation / Job title (See Instructions)	Employer (See In		
If (ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr	DF THIS SCHEDULE, uction guide for add	AS NEEDED Ultional reporting	requirements.

exas Ethics Com	mission PO. Box 12070 A	ustin, Texas 78711-2070 (512) 463-5800	1-800-325-850
LOANS			so	HEDULE É
The	Instruction Guide explains how to	complete this form.	1 Total pages Sche	dule E
2 FILER NAME			3 ACCOUNT # IFH	nics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	÷	⇒ \$	
5 Date of loan	7 Name of lender	Out-of-state PAC (ID#	9 Loan	n Amount (\$)
3 Is lender a financial Institution?	8 Lender address; City; State	e; Zip Code	10 Inte	erestrate
Y N			11 Mar	rurity date
2 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		<u> </u>
Description of Call none	ateral			
5 GUARANTOR INFORMATION	16 Name of guarantor		18 Amo	unt Guaranteed (\$)
not applicable	17 Guarantor address; City;	State: Zip Code		
9 Principal Occupati	on (See Instructions)	20 Employer (See Instructions)	<u>'</u>	-
Date of loan	Name of lender	uut-of-state PAC (IDa:	Loar	nAmount (\$)
Is lender a financial Institution?	Lender address; City; State	: Zip Code	Inter	est rate
Y N			Matc	urity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	teral			
GUARANTOR INFORMATION	Name of guarantor		Amo	unt Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupation	on (See instructions)	Employer (See Instructions)		
If lend	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS NEE	DED orting requiremen	ts.

POLITICAL EXPENDITURES

SCHEDULE F

					
	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	-	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor aising Expense trict	Loan Repayment/Reimbu Transportation Equipment Contributions/Donations & Candidate/Officeholde	& Related Expense Made By r/Political Committee
	The Instruction Guide		•	OTHER (enter a category	not listed above)
1 Total pages Schedule F.		= evhiquis uom to	Complete this for		
- Otal pages occieding F.	2 FILER NAME			3 ACCOUNT # (Eth	cs Commission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address: City; St	tate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See calegories listed at the to	op of this schedule)	(b) Description (If travel outside of Texas, comp	ete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held
Date	Payee name	·			
Amount (\$)	Payee address; City; St	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the log	o of this scriedule)	Description (If travel outside of Texas, compl	ete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	(Office held
Date	Payee name		<u> </u>		
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (I	f travel outside of Texas, compl	sia Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Č	Office held
Date	Payee name			_	·
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the too	of this schedule)	Description (r	ftravel outside of Texas, comple	ete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	C	ffice held
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS N	EEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITU	RE CATEGORIES	FOR BOX 86	a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Ci Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	contract Labor aising Expense strict Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
25.11		ide explains how to	complete this fe	,
1 Total pages Schedule G.	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City:	State; Zip Code		<u>.</u> <u>:</u>
Reimbursement from political contributions intended				
B PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the	top of this schedule)	(b) Description	Π (If travel outside of Texes, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; 5	State; Zip Code	.,	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See calegories listed at the I	lop of this schedule)	Description	O (If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; S	State; Zip Code		
Raimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Date	Payes name			
Amount (\$)	Payee address; City; S	State; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL C	OPIES OF THIS SC	CHEDULE AS I	······································

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITUR	E CATEGORIES FO	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contr Solicitation/Fundraisin Travel In District Travel Out Of District Office Overhead/Ren	act Labor Loan Ri ng Expense Transpo Contribi Cane tal Expense OTHER	apayment/Reimbursement ortation Equipment & Related Expense utions/Donations Made By didate/Officeholder/Political Committee (enter a category not listed above)
	The Instruction Guid	fe explains how to co	mplete this form.	
1 Total pages Schedule H	2 FILER NAME		3	ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address: City: 9	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the t	top of this schedule)	Description (if travel o	utside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	e	Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; S	tate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the tr	op of this schedule)	Description (If travel o	utside of Texas, complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; S	tate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (If travel or	riside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; St	tate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (If travel or	ulside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	,	Office sought	Office held
	ATTACH ADDITIONAL O	OPIES OF THIS SCI	HEDULE AS NEEDE	D

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

		EXPENDITURE	E CATEGORIES F	FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
		The Instruction Guida	e explains how to c	omplete this for	
1	Total pages Schedule I:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4	Date	5 Payee name			
	Amount (\$)		ate; Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	p of this schedule)	(b) Description	(See instructions regarding type of information required.)
	Date	Payee name			
	Amount (\$)	Payee address; City; Sta	ate; Zip Code		
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)	Description	(See instructions regarding type of information required.)
	Date	Payee name			
_	Amount (\$)	Payee address; City: Sta	ate; Zip Code		
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top-	of this schedule)	Description	(See instructions regarding type of information required.)
	Date	Рауее пате			
_	Amount (\$)	Payee address; City; Sta	ate; Zip Code		
	PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(See instructions regerding type of information required.)
		ATTACH ADDITIONAL CO	OPIES OF THIS SC	HEDULEASNI	FEDED

Texas Ethics (Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-58	300 1-800-325-8506
CREDI	TS (optional)	SCHEDULE K
The	e Instruction Guide explains how to complete this form.	ula K:
2 FILER NAME	3 ACCOUNT # (Ethic	s Commission Filers)
4 Date	5 Payor name 8	Amount (\$)
	6 Payor address; City; State; Zip Code	***
	7 Reason for credit	
Date	Payor name	Amount
	Payor address; City: State; Zip Code	(\$)
	Reason for credit	
Date	Payor name	Amount
	Payor address; City; State; Zip Code	(\$)
	Reason for credit	
Date	Payor name Payor name	Amount
	Payor address; City: State; Zip Code	(\$)
	Reason for credit	
Date	Payor name	Amount
	Payor address; City; State; Zip Code	(\$)
	Reason for credit	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

IN-KIND CO	NTRIB	UTION OR	POLITICAL EXAS	EXPEND	ITURE	SCHEDULET
The Instr	uction Guid	le explains how to	complete this for	n.	1 Total pages Schedu	ife T:
2 FILER NAME		· · · · · · · · · · · · · · · · · · ·			3 ACCOUNT # (Ethics	s Commission Filers)
4 Name of Contributor	/ Corporation	n or Labor Organizati	on / Pledgor / Payee)		
5 Contribution / Expend	diture reporte	ed on:	-			
S c	hedule A	Schedule B	Schedule C	Schedule	D Schedule	F Schedule G
☐ Sc	hedule H	Schedule N	Сон-пс	Сон-т	PAC-C	PAC-E
6 Dates of travel	7 Name	of person(s) traveling	9	<u> </u>		<u> </u>
	8 Depart	ure city or name of de	eparture location	-	 -	
	9 Destina	ition city or name of	destination location		<u> </u>	····
10 Means of transportat	tion	11 Purpose of trav	vel (including name o	of conference, se	minar, or other event)	
Name of Contributor /	Corporation	or Labor Organization	n / Pl edg or / Payee			 ·
Contribution / Expendit	ture reported	on;		<u> </u>		
Sch	hedule A	Schedule B	Schedule C	Schedule	D Schedule I	F Schedule G
Scr	hedule H	Schedule N	□ сон-ис	□ сон-т	PAC-C	PAC-E
Dates of travel	Name of	person(s) traveling				
	Departure	city or name of depa	arture location			
	Destinatio	n city or name of des	stination location			
Means of transportation	1	Purpose of travel	(including name of o	conference, semil	nar, or other event)	
Name of Contributor / 0	Corporation (or Labor Organization	n / Pledgor / Payee	<u></u>		<u> </u>
Contribution / Expendit	ure reported	on;		·		
Sch	A eluber	Schedule B	Schedule C	Schedule (D Schedule F	Schedule G
Sch	H elube	Schedule N	Сон-ис	□ сон-т	PAC-C	PAC-E
Dates of travel	Name of p	erson(s) traveling				· <u>, </u>
	Departure	city or name of depar	rture location		· <u> </u>	
	Destination	city or name of desi	tination location		 .	<u></u>
Means of transportation		Purpose of travel	(including name of c	onference, semir	nar, or other event)	
	A	TTACH ADDITIONA	AL COPIES OF TH	IS SCHEDULE	AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

DE:	SIGNATION OF FINAL REPORT	FORM C/OH - FR
	The Instruction Guide explains how to comp Complete only if "Report Type" on page 1 is ma	lete this form. rked "Final Report" ↔
1 C/OH	NAME	2 ACCOUNT # (Ethics Commission Filers
3 SIGN	ATURE	
report	t expect any further political contributions or political expenditures in connection as a final report terminates my campaign treasurer appointment. I also understance any campaign expenditures without a campaign treasurer appointment on file.	with my candidacy. I understand that designating a id that I may not accept any campaign contributions
		Signature of Candidate / Officeholder
4 FILEI	R WHO IS NOT AN OFFICEHOLDER iplete A & B below only if you are not an officeholder. **	
A.	CAMPAIGN FUNDS	
Chec	ck only one:	
	I do not have unexpended contributions or unexpended interest or income ear	ned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from not convert unexpended political contributions or unexpended interest or incomuse. I also understand that it must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions. Further, I understand that I must dispose of unexpended political content earned on political contributions in accordance with the requirements of Election	ne earned on political contributions to personal butions and that I may not retain unexpended ions longer than six years after filing this final tributions and unexpended interest or income
8.	ASSETS	
Chec	k only one:	_
	I do not retain assets purchased with political contributions or interest or other	income from political contributions.
	I do retain assets purchased with political contributions or interest or other incom I may not convert assets purchased with political contributions or interest or other use. I also understand that I must dispose of assets purchased with political conformation of Election Code, § 254,204.	r income from political contributions to personal
	 -	Signature of Candidate
	EHOLDER plete this section only if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officeholder I am also aware that I will be required to file reports of unexpended contribution officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ns if, after filing the last required report as an
		Signature of Officeholder